

CITY OF BOSTON SLBE PROGRAM  
DATABASE INPUT SHEET (Page 1 of 3)

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City State Zip

CONTACT NAME: \_\_\_\_\_

\_\_\_\_\_  
First Middle Last

TITLE: \_\_\_\_\_

BUSINESS PHONE: (     )     \_\_\_\_\_ - \_\_\_\_\_

FAX PHONE: (     )     \_\_\_\_\_ - \_\_\_\_\_

TYPE OF BUSINESS: (Check One)     SBE [   ]     SLBE [   ]     MBE [   ]     WBE [   ]

SERVICES/PRODUCTS: \_\_\_\_\_

\_\_\_\_\_

CERTIFIED BY SOMWBA: (Y/N)     (   ) IF YES, DATE CERTIFIED     \_\_\_\_\_ / \_\_\_\_\_  
Month Year

YEAR BUSINESS WAS ESTABLISHED: \_\_\_\_\_

NUMBER OF EMPLOYEES: (Check One)

- (   ) Under 10     (   ) 10 - 20  
(   ) 21 - 40     (   ) 41 - 100  
(   ) Over 100

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CATEGORY CODES (S):

Please select 3 Category Codes from the enclosed "Category Index List" that best describes your business.

1)\_\_\_\_\_

2)\_\_\_\_\_

3)\_\_\_\_\_

DESCRIPTION OF SPECIFIC GOODS AND/OR SERVICES:  
(Other Descriptive Comments)

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ALL VENDORS:

Please select up to 3 North American Industry Classification System codes from the enclosed NAICS List of Short Titles that best describe your business.

NAICS CODE(S)

1)\_\_\_\_\_

2)\_\_\_\_\_

3)\_\_\_\_\_

VENDORS OF GOODS/COMMODITIES:  
(Not Services)

Please select up to 5 City of Boston Commodity Codes from the enclosed Commodity Code List that best describe your offerings.

COMMODITY CODE(S)

1)\_\_\_\_\_

2)\_\_\_\_\_

3)\_\_\_\_\_

4)\_\_\_\_\_

5)\_\_\_\_\_

IS YOUR BUSINESS:

( ) FOR PROFIT      ( ) NOT FOR PROFIT

( ) PARTNERSHIP      ( ) CORPORATION

( ) SOLE PROPRIETORSHIP

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Has this company done business with the City of Boston or any of its affiliate agencies in the past?

(    ) YES/NO

If YES, please mark all that apply:

- (    ) City of Boston
- (    ) Boston School Department
- (    ) Boston Housing Authority
- (    ) Boston Redevelopment Authority
- (    ) Boston Water & Sewer Commission
- (    ) Economic Development Industrial Corp.
- (    ) Other (Please Specify)\_\_\_\_\_

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CONFIDENTIAL INFORMATION - NOT FOR PUBLICATION

SOCIAL SECURITY # \_\_\_\_\_

FEDERAL IDENTIFICATION # \_\_\_\_\_

Please supply the names of up to three principals, the percent of ownership and gender of each, and ethnic affiliation as indicated in the table below.

PRINCIPAL(S) NAME	% OF OWNERSHIP	*GENDER M/F	*AFFILIATION CODE
1) _____	_____ %	_____	_____
2) _____	_____ %	_____	_____
3) _____	_____ %	_____	_____

\*This information is optional and will be used for informational purposes only.

Affiliation Codes      1-Black, 2-Native American, 3-Hispanic, 4-Asian Pacific,  
5-Asian Indian, 6-Cape Verdean, 7-White

Signature of Principal Owner: \_\_\_\_\_

Date: \_\_\_\_\_